

<i>SERFF Tracking Number:</i>	<i>UHLC-126719045</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46201</i>
<i>Company Tracking Number:</i>	<i>CA25056ST</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>MEDICARE SUPPLEMENT</i>		
<i>Project Name/Number:</i>	<i>ADVERTISING/CA25056ST</i>		

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT	SERFF Tr Num: UHLC-126719045	State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed-Closed	State Tr Num: 46201
Sub-TOI: MS08G.001 Plan A 2010	Co Tr Num: CA25056ST	State Status: Filed-Closed
Filing Type: Advertisement		Reviewer(s): Stephanie Fowler
	Authors: Michelle Ambach, Tammy Frederick, Bobbie Walton	Disposition Date: 07/22/2010
	Date Submitted: 07/13/2010	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Pending
Project Number: CA25056ST	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 07/22/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/22/2010
Deemer Date:	Created By: Bobbie Walton
Submitted By: Michelle Ambach	Corresponding Filing Tracking Number:

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. This advertising is new and does not replace any material previously submitted to the Department.

These Invitations to Inquire are Medicare Supplement Advertisements. The Policy Form Number GRP79171 GPS-1 appears on CA25056ST. Final production of the enclosed advertising will show the component number on the bottom left hand corner of the Print Ad.

SERFF Tracking Number: UHLC-126719045 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 46201  
Company Tracking Number: CA25056ST  
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
Product Name: MEDICARE SUPPLEMENT  
Project Name/Number: ADVERTISING/CA25056ST

The business reply card, MS2520ST, is also attached to the print advertisement for your review and approval.

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
680 Blair Mill Rd. 215-902-8444 [Phone]  
Horsham, PA 19044 215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
185 Asylum Street Group Code: 707 Company Type: Life and Health  
Hartford, CT 06103 Group Name: State ID Number:  
(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$50.00 x 2=\$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$100.00	07/13/2010	37936072

*SERFF Tracking Number:* UHLC-126719045 *State:* Arkansas  
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*Company Tracking Number:* CA25056ST  
*TOI:* MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
*Product Name:* MEDICARE SUPPLEMENT  
*Project Name/Number:* ADVERTISING/CA25056ST

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/22/2010	07/22/2010

*SERFF Tracking Number:* UHLC-126719045 *State:* Arkansas  
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*Product Name:* MEDICARE SUPPLEMENT  
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## Disposition

Disposition Date: 07/22/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-126719045</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46201</i>
<i>Company Tracking Number:</i>	<i>CA25056ST</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>MEDICARE SUPPLEMENT</i>		
<i>Project Name/Number:</i>	<i>ADVERTISING/CA25056ST</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	ADVERTISEMENT	Filed-Closed	Yes
<b>Form</b>	BUSINESS REPLY CARD	Filed-Closed	Yes

SERFF Tracking Number: UHLC-126719045 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 46201

Company Tracking Number: CA25056ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010

Product Name: MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25056ST

## Form Schedule

### Lead Form Number: CA25056ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 07/22/2010	CA25056S T	Advertising	ADVERTISMENT	Initial		45.000	CA25056ST.pdf
Filed-Closed 07/22/2010	MS2520ST	Advertising	BUSINESS REPLY CARD	Initial		45.000	MS2520ST.pdf

☒ **Yes! I'd like to know more about AARP® Medicare Supplement Insurance Plans, including benefits, costs, eligibility requirements, exclusions and limitations.**

**Return this card or call toll-free: [1-800-523-5800], code [XXX]**

[Membership #]  
[Sample A. Sample]  
[123 Main Street]  
[Anytown, US XXXXX-XXXX]

1) Date of Birth        Medicare (Part B) Effective Date       
MM/DD/YYYY MM/YYYY

2) Phone (    )    -

If you provide your phone number or e-mail address, an agent/producer may contact you.

[illegible]

**This is a solicitation of insurance. An agent/producer may contact you.**  
Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). AARP does not employ or endorse agents, brokers, producers, representatives or advisors.

**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**



**Request your free information kit today.**

**AARP** | Medicare Supplement Plans  
insured by **UnitedHealthcare**  
**Insurance Company**

AARP Medicare Supplement Insurance Plans insured by  
UnitedHealthcare Insurance Company  
P.O. Box 1017 • Montgomeryville, PA 18936-1017

PRSRT STD  
U.S. POSTAGE  
PAID  
UNITEDHEALTHCARE

[Sample A. Sample]  
[123 Main Street]  
[Anytown, US XXXXX-XXXX]

Do you have the freedom you want in your health insurance? **Ask the questions inside to find out.**

CA25056ST

**AARP** | Medicare Supplement Plans  
insured by **UnitedHealthcare**  
**Insurance Company**

# You won't know unless you ask.

## Inside: The top five questions you should be asking.

# Get the answers you deserve.

Start with these questions about your current insurance to see if a Medicare supplement insurance plan could be right for you.

- ☐ Could I save more on out-of-pocket costs each month by paying a competitive monthly premium?
- ☐ Can I visit any doctor or hospital that accepts Medicare patients, or am I in a network-based plan?
- ☐ Can I see a specialist without a referral?
- ☐ If I travel in the U.S., will I be able to see any doctor who accepts Medicare patients?
- ☐ Am I limited to changing plans within specific enrollment periods each year?

Medicare doesn't pay all medical expenses, and a Medicare supplement plan can help with some of those out-of-pocket costs. You deserve to know if the insurance you have now can help you save on out-of-pocket costs like visits to the doctor – or if it will limit you to a network of doctors and hospitals.

Questions like the ones above can help you think about your current insurance and help you decide if a Medicare supplement plan could help you with the costs Medicare doesn't pay. Call a licensed insurance agent now to get answers you'll feel confident about. You can ask about plans like AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (together, "UnitedHealthcare").

**Make sure you have the plan you were looking for. Call today.**



**[1-800-523-5800], code [XXX]  
711 for TTY**



Return the attached card



Visit [www.aarphealthcare.com](http://www.aarphealthcare.com)



The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP does not recommend health related products, services, insurance and programs. You are strongly encouraged to evaluate your needs. Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

**This is a solicitation of insurance. An agent/producer may contact you.**

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors. Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.



Medicare Supplement Plans  
insured by UnitedHealthcare  
Insurance Company



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE  
INSURANCE COMPANY  
PO BOX 25601  
LEHIGH VALLEY PA 18003-9905

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



For your free information kit,  
fill out the other side  
of this card.





☒

**Return this card or call toll-free: [1-800-523-5800], code [XXX]**

[Membership #]

[Sample A. Sample]

[123 Main Street]

[Anytown, US XXXXX-XXXX]

1) Date of Birth       Medicare (Part B) Effective Date       
MM/DD/YYYY MM/YYYY

2) Phone ( 

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If you provide your phone number or e-mail address, an agent/producer may contact you.

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**Medicare Supplement Plans**

insured by **UnitedHealthcare  
Insurance Company**



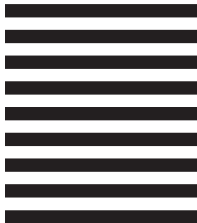
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

# BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE  
INSURANCE COMPANY  
PO BOX 25601  
LEHIGH VALLEY PA 18003-9905



MS2520ST

